

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 17 1951

STANDARD CERTIFICATE OF DEATH

43848

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>3137</u>	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Perry</u>			
b. CITY OR TOWN <u>Richmond Hts</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Duquoin</u>		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>545 N. Division</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Peter</u>		b. (Middle) <u>Paul</u>		c. (Last) <u>Pirozzini</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-24-1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>10-24-1888</u>	
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Mins _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tavern Operator</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Italy</u>		12. CITIZEN OF WHAT COUNTRY? <u>5</u>	
13a. FATHER'S NAME <u>John Pirozzini</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Pirozzini Duquoin</u> ADDRESS <u>Ill</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cerebral of Liver & Antecedent Causes</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>varicella</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		5810	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>24 Dec</u> , 1950, to <u>24 Dec</u> , 1950, that I last saw the deceased alive on <u>24 Dec</u> , 1950, and that death occurred at <u>9:20 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Harry K. Purcell</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>4660 Maryland</u>		23c. DATE SIGNED <u>26 Dec 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-27-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Josephs</u>		24d. LOCATION (City, town, or county) (State) <u>Ill</u>	
DATE REC'D BY LOCAL REG. <u>12/26/50</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Tomlin</u>		25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____		Rowland Mortuary Service Inc. Manchester Ave. St. Louis 10, Mo.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed J. Allen Davis Jr

Licensed Embalmer No. 4052

P. O. Address St Louis 10 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.